

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/980227

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	/					
2							52		/				
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45			/	/			95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL							TOTAL						
TOTAL							TOTAL						
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BEST AVAILABLE COPY